



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
COMMUNITY EDUCATION/SERVICE-LEARNING  
Community Service Grant Program

**FINAL EXPENDITURE REPORT**

District Name		Circle Cohort Number 1 2
County/District Code Number _____ - _____		Phone Number ( )
Contact Person	Title/Position	
Street Address	Fax Number ( )	
City	State	Zip Code
Email of Contact Person	Amount of Award \$	

**Instructions:** Figures must be rounded to the nearest dollar. Forms not completed in their entirety will be returned. Completed forms must be returned no later than September 30.

Budget Categories	Amount Expended
Salaries	\$
Benefits	\$
Travel and Transportation	\$
Supplies	\$
Equipment	\$
Professional Development	\$
Purchased Services	\$
Other	\$
In-Direct Costs	\$
TOTAL CSGP AWARD DOLLARS EXPENDED	\$

Does program have a remaining balance that was not expended on or before September 30? ☐ Yes ☐ No  
If yes, what is the remaining dollar amount? \$ \_\_\_\_\_

Signature on this form indicates that the district/organization has complied with all guidelines in expending the award funds and that all expenditures have been approved and are related to the CSGP Program.

Signature of Contact Person	Date	Authorized Signature	Date
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*FOR DEPARTMENT USE ONLY - APPROVAL*

**PLEASE COMPLETE AND RETURN TO:**

Service-Learning Supervisor  
Community Education  
Department of Elementary and Secondary Ed.  
P.O. Box 480  
Jefferson City, Missouri 65102-0480  
Phone: (573) 526-5395 Fax: (573) 526-4261